



## Denial of Restriction Request

Insert Client Name and Address	Medicaid ID# or Soc. Sec. #
	Date Filed
	Date Processed

Dear( Client name):

Thank you for submitting your "Restriction of Use and Disclosure Request Form."

Your request has been denied for the following reason(s) (Use additional sheets, if necessary):

If you disagree with all or part of this denial, you may file a written statement of disagreement with:

Office/Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: (      ) \_\_\_\_\_

Agency Representative/title: \_\_\_\_\_

Sincerely,

Name  
Job title

c: Case file  
Program Privacy Office